Mississippi Office of Pollution Control Lead-Based Paint Abatement/Renovation Notification



MDEQ U		p==1	Postmark (mail only)	Date Received	AI Number			
Email	Mail	Hand Delivery	And to the control of	12/10/2024				
Dwainat '	Frme:	Abstoment	Donovation Date of	f Ruilding Constructio	n. 1930			
Plansa ah	ct Type: Abatement Renovation Date of Building Construction: 1930 Check all applicable boxes for the type of Notification: Original Revision Cancellation Emergency							
			on was also submitted for		Cancellation Demograpy			
				· ······· p·····j····· <u>—</u>				
I.	Target Ho Child-Oc	cupied Facility:		B.				
	Physical Address Project Site: 308 SOUTH CAMP AVE							
	City: NEW ALBANY State: MS Zip Code: 38652 County: UNION							
	Number of	of Units to be Abat	ed/Renovated in the Building	2 WINDOWS				
П.	BUILDING OWNER INFORMATION							
	Mr./Mrs.:TRAVIS WISEMAN							
			UTH CAMP AVE City	: <u>NEW ALBANY</u> S	tate: MS ZIP: 38652			
	Telephon	e Number: (<u>662</u>) <u>5</u>	39-1493					
ш.	ABATE	MENT/RENOV	ATION CONTRACTOR	INFORMATION				
		Name of Certified Lead Abatement/Renovator Firm: WELSEY DA SILVA BRAGA						
	Firm Cer	rtification Number	r PBR-00012689 Telepho	one Number: (662) 842-52	201 Exp. Date: 12/10/2025			
	Firm Certification Number: PBR-00012689 Telephone Number: 662 842-5201 Exp. Date: 12/10/2025 Address of Certified Firm: 4979 CLIFF GOOKIN BLVD							
	City: TUI		State: MS		ip Code: 38801			
	š —							
IV.	IV. INSPECTION INFORMATION Name of Renovator/Inspector/Risk Assessor Conducting Inspection: Certification Number: Exp. Date: Date Inspection Conducted: Test Method Used & Manufacturer of Testing Equipment: LEAD CHECK SWAB							
	For Paint Chip Analysis, Name of Laboratory: Certification			Number:				
				Confinential				
V.	GENERAL CONTRACTOR (Other)							
	Name of Firm: WINDOW WORLD TUPELO/COLUMBUS							
		Firm Mailing Address: 4979 CLIFF GOOKIN BLVD, TUPELO, MS 38801						
	Contact	Person: CHRIS Co	OLLINS	Telephone Number:	(662)842-5201			
VI.		CT DATES oject Start: 12	<u>/17 /2024</u> L	ead Project Stop: 12	/ <u>17 /2024</u>			
	Abateme	ent/Renovation to	be done during what time	? Day (5 a.m. – 5 p.r Night (8 p.m. – 5 a				
3.73T	DESCD	IDTION OF PD	OCEDURES TO BE USF					
V 11.		-	_	Heat Gun	Encapsulation			
	Cont	Sanding ainment r – Explain	Component Removal Strip and Removal	Negative Air	Enclosure			

VIII. DESCRIPTION OF RENOVATION ACTIVITIES TO BE COMPLETED (INCLUDING COMPONENTS TO BE AFFECTED)

REMOVING 7 WINDOWS CONTAIN LEAD PAINT INSTALLATION OF 7 VINYL WINDOWS

IX.	WASTE TRANSPORTER	00						
	Name: WSley-DIH SIIVIA BYCOLI							
	Full Mailing Address: 4979 CLIFF GOOKIN BLVD							
	City: TUPELO S	tate: MS	Zip Code: 38801					
	Contact: CHRIS COLLINS Telep	hone Number: (66	2)842-5201					
X.	WASTE LEAD DISPOSAL SITE							
	Site Name: WINDOW WORLD OF TUPELO/COLUMBUS							
	Physical Address: 4979 CLIFF GOOKIN BLVD, TUPELO, MS 38801							
	Full Mailing Address: 4979 CLIFF GOOKIN BLVD							
	City: TUPELO S	tate: MS	Zip Code: 38801					
XI.	DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD							
	e Name: WINDOW WORLD OF TUPELO/COLUMBUS							
	Physical Address: 4979 CLIFF GOOKIN BLVD, TUPELO,MS 38801							
	Full Mailing Address: 4979 CLIFF GOOKIN BLVD							
	City: TUPELO S	tate: MS	Zip Code: 38801					
	Contact Person: CHRIS COLLINS Tele	phone Number: (6	62) 842-5201					
	NOTE: All debris (other than lead) should go to an au	thorized Rubbish Si	te, or to a permitted sanitary landfill.					
XII.	ABATEMENT							
	A certified supervisor is required for each abatement produring the post-abatement cleanup and clearance of worbeing conducted, the certified supervisor shall be onsited able to be present at the work site in no more than 2 hours.	k areas. At all other or available by telepl	times when abatement activities are					
XIII	RENOVATION							
	A certified renovator is required for each renovation pro are posted, while the required work area containment is performed. The certified renovator must regularly direc available either onsite or by telephone at all times renova-	being established, an et work being perfori	d while required work area cleaning is need by other individuals and must be					
XIV	CERTIFICATION OF ACCURACY	2						
	I certify that all of the above information is correct. Print 15 0/1/25 Signature	Glot	M Date 1210/24					
	Contact information for return mail or questions concerning the information on this Notice Mailing Address: 4979 CLIFF GOOKIN BLVD							
	City: TUPELO	State: MS	Zip Code: 38801					
	Contact: ASHLEY	Telephone Numb	per: (662-)842-5201					
	Email: ASHLEY@TUPELOWW.COM	•						
Dofo	r to fee schedule to calculate required notification fe	Notification fee	nust he submitted with notification					
14010	to toe senerale to enteriate required nothication re-	P I QUILLEWILD IN I	THE THE VENEZUE (1990) INVENEZUE VILLE					

MAIL COPY TO: Mississippi Department of Environmental Quality Lead Notifications

EMAIL TO: notifications@mdeq.ms.gov